Case 13-00348-als7 Doc 2

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B22A (Official Form 22A) (Chapter 7) (12/10)

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In re Monti Lee Shinkle	
Debtor	(s) According to the information required to be entered on this statement
Case Number:	(check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by $\S 707(b)(2)(C)$.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

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	Part II. CALCULATION OF M	101	NTHLY INCOM	ME FOR § 707(b)('	7) E	EXCLUSION		
	Marital/filing status. Check the box that applies a	and c	complete the balance	e of this part of this state	emer	nt as directed.		
	a. Unmarried. Complete only Column A ("D	ines 3-11.						
2	b. Married, not filing jointly, with declaration "My spouse and I are legally separated under purpose of evading the requirements of § 707 for Lines 3-11.	otcy law or my spouse an	d I a	are living apart o	ther than for the	:		
	c. ☐ Married, not filing jointly, without the decl ("Debtor's Income") and Column B ("Spo				b ab	ove. Complete b	oth Column A	
	d. Married, filing jointly. Complete both Col				Spo	use's Income")	for Lines 3-11.	
	All figures must reflect average monthly income re					Column A	Column B	
	calendar months prior to filing the bankruptcy cas the filing. If the amount of monthly income varied					Debtor's	Spouse's	
	six-month total by six, and enter the result on the			you must divide the		Income	Income	
3	Gross wages, salary, tips, bonuses, overtime, co	mmi	ssions.		\$	3,315.26	\$	_
	Income from the operation of a business, profes							
	enter the difference in the appropriate column(s) of							
	business, profession or farm, enter aggregate number not enter a number less than zero. Do not include							
4	Line b as a deduction in Part V.	uny	part of the busine	ss expenses entered on				
			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary business expenses	\$	0.00		d.	0.00	Ф	
	c. Business income		btract Line b from I		\$	0.00	\$	_
	Rents and other real property income. Subtract the appropriate column(s) of Line 5. Do not enter							
	part of the operating expenses entered on Line							
5								
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary operating expenses		0.00 btract Line b from I		\$	0.00	¢	
6	c. Rent and other real property income	Su	btract Line b from i	Line a		0.00		_
	Interest, dividends, and royalties.				\$	0.00		_
7	Pension and retirement income.				\$	0.00	\$	_
8	Any amounts paid by another person or entity, expenses of the debtor or the debtor's dependent purpose. Do not include alimony or separate main spouse if Column B is completed. Each regular part of the complex of the	i ts, i i ntena ayme	ncluding child suppose payments or an ent should be report	port paid for that nounts paid by your ed in only one column;				
	if a payment is listed in Column A, do not report t		•		\$	0.00	\$	
	Unemployment compensation. Enter the amount However, if you contend that unemployment comp							
0	benefit under the Social Security Act, do not list the							
9	or B, but instead state the amount in the space bel-	ow:						
	Unemployment compensation claimed to be a benefit under the Social Security Act Debte	\$	0.00	\$				
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
	a.	\$	Debtor	Spouse \$				
	b.	\$		\$				
	Total and enter on Line 10				\$	0.00	\$	
11	Subtotal of Current Monthly Income for § 707(b)(7	Add Lines 3 thru	10 in Column A and if	_	0.00	Ψ	_
11	Column B is completed, add Lines 3 through 10 in				\$	3,315.26	\$	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		3,315.26			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	1					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result.	number 12 and	\$	39,783.12			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: LA b. Enter debtor's household size:	2	\$	57,659.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "T	• •	does no	ot arise" at the			
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Part	s IV, V, VI, and VII	of this	statement only if required.	(See Line 15.)	
	Part IV. CALCULA	ATION OF CUR	RENT	MONTHLY INCOM	ME FOR § 707(b) (2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 70°	7(b)(2). Subtract Line	e 17 fro	m Line 16 and enter the resu	ılt.	\$
				EDUCTIONS FROM s of the Internal Revenu		
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return, plus the number of any additional dependents whom					
	Persons under 65 year		Persons 65 years of age or older			
	a1. Allowance per person b1. Number of persons c1. Subtotal	1	a2. b2. c2.	Allowance per person Number of persons Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counter that would currently be allowed as exemptions on your feed any additional dependents whom you support); enter on Line be the tot debts secured by your home, as stated in Line 42; subtract Line be from not enter an amount less than zero. IRS Housing and Utilities Standards; mortgage/rental expense Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 C. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.					
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 Subtract Line b from Line a.					
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,					

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26	Other Necessary Expenses: involuntary deductions for employment. Enter the total aver deductions that are required for your employment, such as retirement contributions, union de Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that pay pursuant to the order of a court or administrative agency, such as spousal or child suppoinclude payments on past due obligations included in Line 44.		\$			
29	Other Necessary Expenses: education for employment or for a physically or mentally of the total average monthly amount that you actually expend for education that is a condition education that is required for a physically or mentally challenged dependent child for whom providing similar services is available.	of employment and for	\$			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you ac childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educations of the control		\$			
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you health care that is required for the health and welfare of yourself or your dependents, that is insurance or paid by a health savings account, and that is in excess of the amount entered in include payments for health insurance or health savings accounts listed in Line 34.	not reimbursed by	\$			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you					
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.		\$			
	Note: Do not include any expenses that you have listed in Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the the categories set out in lines a-c below that are reasonably necessary for yourself, your spoudependents.	monthly expenses in				
34	a. Health Insurance \$					
	b. Disability Insurance \$					
	c. Health Savings Account \$		\$			
	Total and enter on Line 34.	<u>—</u>				
	If you do not actually expend this total amount, state your actual total average monthly exbelow: \$	penditures in the space				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local					
38	Education expenses for dependent children less than 18. Enter the total average monthly actually incur, not to exceed \$147.92* per child, for attendance at a private or public element school by your dependent children less than 18 years of age. You must provide your case to documentation of your actual expenses, and you must explain why the amount claimed in necessary and not already accounted for in the IRS Standards.	ary or secondary	\$			

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will continganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of I	Lines	34 through 40		\$
		S	ubpart C: Deductions for De	bt P	ayment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	verage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					otal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					n may include in on to the ld include any	
	a.				\$		
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				\$		
46	Tota	l Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.			\$
		St	ubpart D: Total Deductions f	rom	Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
		Part VI. DE	TERMINATION OF § 707(t	b)(2)	PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)))			\$
49	Ente	r the amount from Line 47 (Total	al of all deductions allowed under §	707(b)(2))		\$
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 a	and enter the resu	ılt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the						

	Initial presumption determination. Check the applicable box	and proceed as directe	ed.					
52		☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
32	☐ The amount set forth on Line 51 is more than \$11,725* C statement, and complete the verification in Part VIII. You may							
	☐ The amount on Line 51 is at least \$7,025*, but not more	than \$11,725*. Compl	lete the remainder of Part VI (L	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt			\$				
54	Threshold debt payment amount. Multiply the amount in Lin	ne 53 by the number 0.2	25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable	box and proceed as di	rected.					
55	☐ The amount on Line 51 is less than the amount on Line 5 of this statement, and complete the verification in Part VIII.	4. Check the box for "	The presumption does not aris	e" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.							
	Part VII. ADDITIONA	AL EXPENSE CI	LAIMS					
56	Other Expenses. List and describe any monthly expenses, not you and your family and that you contend should be an additio 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a see each item. Total the expenses.	nal deduction from you	ur current monthly income und	er §				
	Expense Description		Monthly Amou	nt				
	a.	\$,					
	b.	\$						
	c.	\$		_				
	d. Total: Add Lines	\$ a, b, c, and d \$		_				
	Total. Add Lines	s a, b, c, and u						
	Part VIII. VI	ERIFICATION						
	I declare under penalty of perjury that the information provided	d in this statement is tru	ue and correct. (If this is a join	t case, both debtors				
	must sign.) Date: February 15, 2013	Signatura	/s/ Monti Lee Shinkle					
57	Date. February 13, 2013	Signature:	Monti Lee Shinkle					
			(Debtor)					

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2012 to 01/31/2013.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: American Ordnance LLC

Income by Month:

6 Months Ago:	08/2012	\$3,060.24
5 Months Ago:	09/2012	\$3,060.24
4 Months Ago:	10/2012	\$3,060.24
3 Months Ago:	11/2012	\$4,590.36
2 Months Ago:	12/2012	\$3,060.24
Last Month:	01/2013	\$3,060.24
	Average per month:	\$3,315.26